**High School:**

**ATC/LAT:**

Please fill out the following form with the names of the student trainers who will take part in the student trainer team challenge, completing the challenge individually, or participating in the poster contest. Students are allowed to participate in multiple events (Challenge, and poster contest). Please ensure to submit registration by **Friday April 26, 2019** so we can have an accurate headcount for food and facilities

**CHALLENGE TEAM COMPETITORS**:

|  |  |  |
| --- | --- | --- |
|  | **Name of Student Athletic Trainer** | **Grade Level** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**INDIVIDUAL CHALLENGE COMPETITORS:**

|  |  |  |
| --- | --- | --- |
|  | **Name of Student Athletic Trainer** | **Grade Level** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**POSTER CONTEST COMPETITORS:**

|  |  |  |
| --- | --- | --- |
|  | **Name of Student Athletic Trainer** | **Grade Level** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |